



DEADLINE: Postmarked by April 15, 2016

6165 Emerald Parkway, Dublin, OH 43016 • 614.707.4000

Jack Deibert Memorial Scholarship 2016 Application

To align with our mission to improve the financial lives of our members, BMI Federal Credit Union® will be providing five (5) \$1,000.00 scholarships to students in our community pursuing higher education.

1. IMPORTANT INFORMATION BEFORE YOU BEGIN

Applications must be postmarked to BMI Federal Credit Union® (BMI FCU®) by April 15, 2016. You must be a BMI FCU member in good standing as of the date that you submit the application, a student currently enrolled in college full time, or a graduating high school senior in the 2015-2016 school year. Applications will not be returned and will become the property of BMI FCU. BMI FCU employees, senior officers, volunteers and their families are not eligible. The winning entries will be chosen at the discretion of the BMI FCU Scholarship Committee. Illegible entries may be disqualified. Winners will be notified on or before May 31, 2016, by mail or phone and agree to have their names and photos published in BMI FCU promotional materials. After confirmation of registration and acceptance at a two-year community college or a four-year college or university with 12 or more credits or units in classes, award checks will be issued directly to the applicant's school. Five (5) \$1,000.00 Scholarships will be awarded. Not valid where prohibited by law.

Please attach the following to this application:

1. A personal statement essay (in 250 words or less) describing what has brought you to this point, your intended academic curriculum and extracurricular activities throughout college, how you will maximize the opportunities of an education and how you will apply what you have learned to your post-college plans and aspirations
2. A certified school transcript

Where to mail your application:

BMI Federal Credit Union, Student Scholarships, 6165 Emerald Parkway, Dublin, OH 43016

Where to deliver your application:

Any branch of BMI Federal Credit Union

2. CONTACT INFORMATION

Applicant's name (First, Middle, Last): _____

Applicant's BMI FCU account no.: _____ Applicant's primary phone: _____

Applicant's address (Street, City, State, ZIP code): _____

Applicant's email address: _____

Please fill out the following section if the applicant is under the age of 18:

Parent or guardian's name: _____

Parent or guardian's address (Street, City, State, ZIP code): _____

Parent or guardian's primary phone: _____

Parent or guardian's email address: _____

6. LEADERSHIP AND EXTRACURRICULAR ACTIVITIES

Please list and briefly describe your leadership roles and extracurricular activities, starting with the most recent, e.g., student government, swim team, math club. If necessary, elaborate about each role and activity in 25 words or less on a separate piece of paper. If you have more than six activities you would like us to consider, photocopy this page and include it with the application. If you are a currently enrolled college student, please include any collegiate activities you would like us to consider in addition to high school activities, if applicable. Select applicable school years.

<input type="radio"/> 9 <input type="radio"/> 10 <input checked="" type="radio"/> 11 <input checked="" type="radio"/> 12	Organization Name: Student Council	Leadership Role and Year: Representative (11), President (12)	
	Responsibilities: Led bimonthly council meetings; represented student body in Wash, D.C. (12); led fundraiser for homeless shelter (11 & 12). See attachment.		Hrs./Wk.: 2
<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	Organization Name:	Leadership Role and Year:	
	Responsibilities:		Hrs./Wk.:
<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	Organization Name:	Leadership Role and Year:	
	Responsibilities:		Hrs./Wk.:
<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	Organization Name:	Leadership Role and Year:	
	Responsibilities:		Hrs./Wk.:
<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	Organization Name:	Leadership Role and Year:	
	Responsibilities:		Hrs./Wk.:
<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	Organization Name:	Leadership Role and Year:	
	Responsibilities:		Hrs./Wk.:
<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	Organization Name:	Leadership Role and Year:	
	Responsibilities:		Hrs./Wk.:
<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	Organization Name:	Leadership Role and Year:	
	Responsibilities:		Hrs./Wk.:

7. SELECTION CRITERIA

The Selection Committee will base the selection of the scholarship recipients on the following:

1. Application: 50%

- Honors & Awards
- Employment & Community Service
- Leadership & Extracurricular Activities
- Compliance with required format

2. Essay: 50%

- Quality of essay
- Grammar, punctuation, spelling and neatness
- Compliance with required format

8. CERTIFICATION

If I am selected as a scholarship winner and in consideration thereof, I understand, agree and hereby grant permission to BMI FCU to use my likeness and name in announcing and promoting this scholarship program. I understand and agree that the Scholarship Committee is solely responsible for the selection of the scholarship winners and its decision is final. I have completed the scholarship application and have attached the information required in Section 1 above. I grant permission to the school of higher education I attend to release information concerning my enrollment status and academic standing to BMI FCU for use in administering my scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in termination of The Jack Deibert Memorial Scholarship.

Student Signature

Date

Printed Name of Student

PLEASE REVIEW AND SIGN IF APPLICANT IS UNDER THE AGE OF 18

If my child is selected as a scholarship winner and in consideration thereof, I understand, agree and hereby grant permission to BMI FCU to use my child's likeness and name in announcing and promoting this scholarship program. I understand and agree that the Scholarship Committee is solely responsible for the selection of the scholarship winners and its decision is final. My child has completed the scholarship application and has attached the information required in Section 1 above. I grant permission to the school of higher education my child attends to release information concerning my child's enrollment status and academic standing to BMI FCU for use in administering my child's scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that falsification of information will result in termination of The Jack Deibert Memorial Scholarship.

Parent or Guardian's Signature

Date

Printed Name of Parent or Guardian

BMI FCU respects the privacy of all Jack Deibert Memorial Scholarship applicants. Applications and supporting documentation will be maintained in a secure manner and only shared internally with the Scholarship Committee and scholarship application judges. Applications and supporting documentation will be retained confidentially by BMI FCU in accordance with applicable record retention guidelines. Membership eligibility requirements apply. BMI Federal Credit Union, BMI FCU and We make banking personal are all registered trademarks of BMI Federal Credit Union.